

# 2018 INSURANCE RATE SHEET

## CITY OF GREEN BAY



### 2018 UMR HEALTH INSURANCE RATES (24 pay periods)

Coverage	Monthly Premium	Bi-Weekly 11.50%		Bi-Weekly 12.50%		Bi-Weekly 13.25%		Bi-Weekly 13.75%		Bi-Weekly 15.00%	
	Total	EE	City	EE	City	EE	City	EE	City	EE	City
Single	\$618.82	\$35.58	\$273.83	\$38.68	\$270.73	N/A	N/A	N/A	N/A	\$46.41	\$263.00
Family	\$1,498.93	\$86.19	\$663.28	\$93.68	\$655.78	\$99.30	\$650.16	\$103.05	\$646.41	\$112.42	\$637.05

11.50% - Single, if employee completed HRA plus requirements and received 1265 points

11.50% - Family, if both employee and spouse completed HRA plus requirements and employee received 1265 points

12.50% - Single, if employee completed HRA plus requirements

12.50% - Family, if both employee and spouse completed HRA plus requirements

13.25% - Family, if only the employee completed HRA plus requirements and received 1265 points

13.75% - Family, if only the employee or spouse completed HRA plus requirements

15.00% - Single, if employee did not complete HRA plus requirements

15.00% - Family, if neither employee or spouse completed HRA plus requirements

### 2018 DENTAL INSURANCE RATES (24 pay periods)

Coverage	HUMANA DENTAL			DENTAL ASSOCIATES		
	Monthly Premium Total	Bi-Weekly 12.50%		Monthly Premium Total	Bi-Weekly 12.50%	
		EE	City		EE	City
Single	\$41.41	\$2.58	\$18.12	\$32.67	\$2.04	\$14.29
Family	\$125.84	\$7.86	\$55.06	\$99.25	\$6.20	\$43.42

12.50% - Employee contribution to dental plan

### 2018 SUPERIOR VISION INSURANCE RATES

Coverage	Bi-Weekly Rates (24 pay periods)	
	Full Service Plan	Materials Only Plan
Single	\$4.00	\$2.83
Limited Family	\$8.00	\$5.65
Family	\$10.60	\$7.48

Voluntary plan - full premium paid by employee

2018 COBRA INSURANCE RATES		
Coverage	Monthly Premium	
HEALTH UMR	Single	\$631.20
	Family	\$1,528.91
HUMANA DENTAL	Single	\$42.24
	Family	\$128.36
DENTAL ASSOCIATES	Single	\$33.32
	Family	\$101.24

Paid by individual(s) taking COBRA coverage

2018 RETIREE HEALTH INSURANCE RATES				
Coverage	RETIREE ACTIVE PLAN	RETIREE PLAN	HUMANA DENTAL	DENTAL ASSOCIATES
	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
Single	\$937.70	\$701.40	\$41.41	\$32.67
Single +1	N/A	\$1,402.82	N/A	N/A
Family	\$2,271.36	\$2,419.64	\$125.84	\$99.25

Paid in full by retiree

2018 RETIREE MEDICARE CARVE OUT PREMIUMS (For Retirees Under Age 65)		
Coverage	Active Retiree Plan	Retiree Plan
Single	\$762.35	\$570.23
Family With 1 Medicare Beneficiary	\$1,658.20	\$1,172.52
Family With 2 Medicare Beneficiaries	\$1,476.48	\$1,044.03

A prior to age 65 retiree on Medicare as the primary provider and City as secondary is eligible for carve out plan which is paid in full by retiree